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PTO/SB/21 (08-00)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/902,517
Filing Date	9 July 2001
First Named Inventor	Jeffrey SEILHAMER, et al.
Group Art Unit	1635
Examiner Name	J. L. Epps, Ph.D.
Attorney Docket No.	219002025213

Total Number Of Pages In This Submission

14

## ENCLOSURES (check all that apply)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                        | <input type="checkbox"/> Assignment Papers<br>(for an Application)        | <input type="checkbox"/> After Allowance Communication to Group                               |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences           |
| <input checked="" type="checkbox"/> Amendment / Reply                           | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declarations                                | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request                   | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):               |
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| <input type="checkbox"/> Certified Copy of Priority Document(s)                 | <input type="checkbox"/> CD, Number of CD(s) _____                        | <input type="checkbox"/>  |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application   | Remarks   |   |
| <input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Kate H. Murashige, Reg No. 29,959 Morrison & Foerster LLP 3811 Valley Centre Drive, Suite 500, San Diego, California 92130
Signature	
Date	July 24, 2003

## CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22318 on July 24, 2003.

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>				<p style="text-align: center; font-weight: bold; font-size: small;">Complete if Known</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>09/902,517</td></tr> <tr><td>Filing Date</td><td>July 9, 2001</td></tr> <tr><td>First Named Inventor</td><td>Jeffrey SEILHAMER, et al</td></tr> <tr><td>Examiner Name</td><td>J. L. Epps-Ford, Ph.D.</td></tr> <tr><td>Group Art Unit</td><td>1635</td></tr> <tr><td>Attorney Docket No.</td><td>219002025213</td></tr> </table>		Application Number	09/902,517	Filing Date	July 9, 2001	First Named Inventor	Jeffrey SEILHAMER, et al	Examiner Name	J. L. Epps-Ford, Ph.D.	Group Art Unit	1635	Attorney Docket No.	219002025213																																																																																																																																																																																		
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<p style="text-align: center; font-weight: bold; font-size: small;">METHOD OF PAYMENT (check all that apply)</p> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <input type="checkbox"/> Check           <input type="checkbox"/> Credit Card           <input type="checkbox"/> Money Order           <input type="checkbox"/> Other           <input type="checkbox"/> None         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Deposit Account         </div> <div style="margin-top: 5px;">           Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">03-1952</span> </div> <div style="margin-top: 5px;">           Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">Morrison &amp; Foerster LLP</span> </div> <p style="font-size: x-small;">The Commissioner is hereby authorized to: (check all that apply)</p> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Charge fee(s) indicated below           <input checked="" type="checkbox"/> Credit any overpayments         </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee         </div> <p style="font-size: x-small;">to the above-identified deposit account.</p>			<p style="text-align: center; font-weight: bold; font-size: small;">FEE CALCULATION (continued)</p> <h3 style="margin: 0;">3. 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<p style="text-align: center; font-weight: bold; font-size: small;">SUBMITTED BY</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Name (Print/Type)</td> <td style="width: 20%;">Kate H. Murashige</td> <td style="width: 20%;">Registration No. (Attorney/Agent)</td> <td style="width: 10%;">29,959</td> <td style="width: 10%;">Telephone</td> <td style="width: 20%;">(858) 720-5112</td> </tr> <tr> <td>Signature</td> <td colspan="3"><i>Kate H. Murashige</i></td> <td>Date</td> <td>July 24, 2003</td> </tr> </table>						Name (Print/Type)	Kate H. Murashige	Registration No. (Attorney/Agent)	29,959	Telephone	(858) 720-5112	Signature	<i>Kate H. Murashige</i>			Date	July 24, 2003																																																																																																																																																																																		
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